

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 756650 (8)**  
1. Corporation Name  
**MAGNOLIA RIDGE CONDOMINIUM I ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**INFINITI PROPERTY MANAGEMENT, INC.**  
**1301 SEMINOLE BLVD., SUITE 110**  
**LARGO FL 34640**  
**US**

**C/O INFINITI PROPERTY MANAGEMENT, INC.**  
**1301 SEMINOLE BLVD., SUITE 110**  
**LARGO FL 34640**  
**US**

3. Date incorporated or Qualified **03/06/1981** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-2262428** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**INFINITI PROPERTY MANAGEMENT INC.**  
**1301 SEMINOLE BLVD.**  
**SUITE 110**  
**LARGO 34640-5183**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WORTH, BOB	1.2 NAME	KUDELKA, CARA
STREET ADDRESS	3600-B MAGNOLIA RIDGE CIRCLE	1.3 STREET ADDRESS	3610-F MAGNOLIA RIDGE CIRCLE
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPUIS, RAY	2.2 NAME	
STREET ADDRESS	3581-B MAGNOLIA RIDGE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLLMER, VELMA	3.2 NAME	
STREET ADDRESS	3580-D MAGNOLIA RIDGE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, SYLVIA	4.2 NAME	HOLCOMBE, MARILYN
STREET ADDRESS	3600-F MAGNOLIA RDG CIR.	4.3 STREET ADDRESS	3591-F MAGNOLIA RIDGE CIRCLE
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	WADENKLEE, FLORENCE
STREET ADDRESS		5.3 STREET ADDRESS	3571-C MAGNOLIA RIDGE CIRCLE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond L Dupuis Raymond Dupuis 04/22/96 (813)787-9761  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)